

Information Services Division

Remote Access Request



Shaded areas will be completed by ISD

Agency Name		Division	Department	PON
2 Digit Agency Code	Agency Address		City	Zip Code
Applicant's Name	Last		First	Middle Initial
Phone # and E-mail	Phone Number ()		E-mail Address (if available)	

☐ Unit 1 Request for Internet Access through ISD (ISS)

Please complete the following information if applicant requests Internet access provided by ADOA.		
Type of Access:	Internet (see ISD Rate Table for monthly charge) <input type="checkbox"/>	
Operating Platform:	Win 95 <input type="checkbox"/> Win 98x <input type="checkbox"/> Win ME <input type="checkbox"/> Win NT <input type="checkbox"/> Win 2000 <input type="checkbox"/>	
Please read and sign the <i>Internet Use Policy</i> at the end of this form.		
Date Received	Date Completed	Initials

☐ Unit 2 Request for Remote Access (WAN)

This step is optional based on connectivity. If needed, please complete the following information:			
Type of Access: See ISD Rate Table for monthly charge at: www.ats.state.az.us/atsrates.html	VPN (use with ISP)	New <input type="checkbox"/>	Update <input type="checkbox"/> Remove <input type="checkbox"/>
	Dial-up (use without ISP)	New <input type="checkbox"/>	Update <input type="checkbox"/> Remove <input type="checkbox"/>
Name of Internet Service Provider:			
Modem speed:			
Received	Completed	Username	Group

☐ *Unit 3 VPN Installation Instructions and Software Download (Customer)

Access the web site: www.security.state.az.us/remote-access.htm to obtain the VPN downloads, installation and operating instructions (for assistance call (602) 542-2800).
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☐ Unit 4 Request for HOD Access (TSS)

User Id for sign on (i.e. your LAN User id):			
Access to HOD is:	New <input type="checkbox"/>	Reset <input type="checkbox"/>	Modify <input type="checkbox"/> Delete <input type="checkbox"/>
Date Received	Date Completed	Initials	User Id

Authorization (required only when Units 1 and 2 are needed)

Applicant's Signature:			Date
Authorized by: Name:	Please Print		
Title:	Phone:		
Signature:			Date
LAN Administrator: (if applicable)	Please Print Name	E-mail Address	

To be completed only when Unit 1 is requested.

**INTERNET USE POLICY
CONSENT FORM**

I have read and understand the Internet Use Policy for the Arizona Department of Administration (ADOA).
I agree to comply with all terms and conditions of the policy.

To review the policy, access the Information Security Services Web Site at:

www.security.state.az.us

I understand and agree that all network and information systems activity conducted with state/agency resources, is the property of the ADOA and the State of Arizona.

I agree that ADOA, as a condition of granting me Internet access and use, has the right to monitor, log and archive all network activity, content and electronic communication, whether related to State business or personal in nature, including e-mail, temporary Internet files, or cache files. All electronic communications, business or personal, are subject to review by ADOA at any time, and I understand that such information is backed-up, stored and may be accessible even after I have attempted to delete the information. I have no expectation of privacy in these electronic communications, and understand that monthly Internet usage reports are furnished to managers. These reports include a list of sites visited by each user and the length of time spent at these sites. I further understand and agree that if monitoring, logging and archiving of State business or personal electronic communications discloses any activity that is contrary to ADOA's Internet Use Policy, or any other State policy, administrative rule or State or federal statute, the information obtained may be used in disciplinary action against me, and may be furnished to law enforcement agencies for criminal prosecution.

My signature confirms that I accept the terms of this agreement.

Date